Rates apply to retirees under the State's Defined Benefit Retirement Plan and to retirees who converted from the Defined Benefit Plan to the Defined Contribution plan.

	Retirees' State Health Plan - Blue Cross Blue Shield PPO													
		F	Retiree	State		MONTHLY			Retiree					
121-BC	121-BCBS		Share		Share		TOTAL		COBRA					
G	Retiree Only	\$	63.86	\$	574.73	\$	638.59	\$	651.36					
L	Retiree & Spouse	\$	127.72	\$	1,149.45	\$	1,277.17	\$	1,302.71					
R	Retiree & Child(ren)	\$	80.44	\$	723.95	\$	804.39	\$	820.48					
W	Retiree, Spouse & Child(ren)	\$	147.85	\$	1,330.63	\$	1,478.48	\$	1,508.05					
Н	Retiree 65+ Only		\$0.00	\$	334.83	\$	334.83	\$	341.53					
М	Retiree 65+ & Spouse 65+		\$0.00	\$	669.67	\$	669.67	\$	683.06					
S	Retiree 65+ & Child(ren)		\$0.00	\$	500.64	\$	500.64	\$	510.65					
Х	Retiree 65+ & Spouse 65+ & Child(ren)		\$0.00	\$	871.00	\$	871.00	\$	888.42					
N	Retiree under 65 & Spouse 65+		\$0.00	\$	973.42	\$	973.42	\$	992.89					
Р	Retiree 65+ & Spouse under 65		\$0.00	\$	973.42	\$	973.42	65	992.89					
Υ	Retiree under 65, Spouse 65+ & Child(ren)		\$0.00	\$	1,174.74	\$	1,174.74	65	1,198.23					
Ζ	Retiree 65+, Spouse under 65 & Child(ren)		\$0.00	\$	1,174.74	\$	1,174.74	65	1,198.23					
	Sponsored Dependent under 65		\$703.59		\$0.00		\$703.59		\$717.66					
	Sponsored Dependent 65+		\$333.05		\$0.00		\$333.05		\$339.71					

	Retirees' State Dental Plan												
		R	Retiree		State	Μ	ONTHLY		Retiree				
DDR		0,	Share		Share		TOTAL		COBRA				
Е	Retiree Only	\$	4.16	\$	37.41	\$	41.57	\$	42.40				
S	Retiree & Spouse	\$	7.57	\$	68.18	\$	75.75	\$	77.27				
С	Retiree & Child(ren)	\$	9.25	\$	83.28	\$	92.53	\$	94.38				
F	Retiree, Spouse & Child(ren)	\$	12.66	\$	114.06	\$	126.72	\$	129.25				

	Retirees' State Vision Plan													
		R	Retiree		State	М	ONTHLY		Retiree					
VBR		Share		Share		TOTALS			COBRA					
Е	Retiree Only	\$	0.64	\$	5.73	\$	6.37	\$	6.50					
S	Retiree & Spouse	\$	1.05	\$	9.32	\$	10.36	\$	10.57					
С	Retiree & Child(ren)	\$	1.45	\$	13.04	\$	14.49	\$	14.78					
F	Retiree, Spouse & Child(ren)	\$	1.86	\$	16.62	\$	18.48	\$	18.85					

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Rates apply to retirees under the State's Defined Benefit Retirement Plan and to retirees who converted from the Defined Benefit Plan to the Defined Contribution plan.

	Blue Care Network Mid-Michigan												
		F	Retiree	State		MONTHLY			Retiree				
171			Share		Share		TOTAL		COBRA				
Rates for Retirees without Medicare. See enclosed postal code list for eligibility.													
G	Retiree Only	\$	268.78	\$	574.73	\$	843.51	\$	860.38				
L	Retiree & Spouse	\$	537.57	\$	1,149.45	\$	1,687.02	\$	1,720.76				
R	Retiree & Child(ren)	\$	338.88	\$	723.95	\$	1,062.83	\$	1,084.09				
W	Retiree, Spouse & Child(ren)	\$	626.31	\$	1,330.63	\$	1,956.94	\$	1,996.08				
Service	Area: Clinton, Eaton, Ingham, and Jackson	n C	ounties.										
Н	Retiree 65+ Only		\$0.00	\$	265.12		\$265.12	\$	270.42				
M	Retiree 65+ & Spouse 65+		\$0.00	\$	530.24		\$530.24	\$	540.84				
S	Retiree 65+ & Child(ren)		\$0.00	\$	485.48		\$485.48	\$	495.19				
Χ	Retiree 65+ & Spouse 65+ & Child(ren)		\$0.00	\$	750.60		\$750.60	\$	765.61				
N	Retiree under 65 & Spouse 65+	\$	139.24	\$	973.42	\$	1,112.66	\$	1,134.91				
Р	Retiree 65+ & Spouse under 65	\$	139.24	\$	973.42	\$	1,112.66	\$	1,134.91				
Υ	Retiree under 65, Spouse 65+ & Child(ren)	\$	158.28	\$	1,174.74	\$	1,333.02	\$	1,359.68				
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$	158.28	\$	1,174.74	\$	1,333.02	\$	1,359.68				

	Blue Care Network East Michigan-Flint													
		Retiree			State		IONTHLY		Retiree					
181			Share		Share		TOTAL		COBRA					
Rates f	or Retirees without Medicare. See enclosed	losed postal code list for eligibility.												
G	Retiree Only	\$	288.96	\$	574.73	\$	863.69	\$	880.96					
L	Retiree & Spouse	\$	577.93	\$	1,149.45	\$	1,727.38	\$	1,761.93					
R	Retiree & Child(ren)	\$	364.30	\$	723.95	\$	1,088.25	\$	1,110.02					
W	Retiree, Spouse & Child(ren	\$	673.12	\$	1,330.63	\$	2,003.75	\$	2,043.83					
Rates f	or Retirees or Dependents with Medicare.													
Service	Area: Bay, Genesee, Gratiot, Lapeer, Midla	and	, Shiawa	sse	e, and Tusc	ola	Counties.							
Н	Retiree 65+ Only		\$0.00	\$	317.25		\$317.25	\$	323.60					
M	Retiree 65+ & Spouse 65+		\$0.00	\$	634.50		\$634.50	69	647.19					
S	Retiree 65+ & Child(ren)		\$42.27	\$	500.64		\$542.91	\$	553.77					
Χ	Retiree 65+ & Spouse 65+ & Child(ren)		\$0.00	\$	860.16		\$860.16	\$	877.36					
N	Retiree under 65 & Spouse 65+		\$211.74	\$	973.42		\$1,185.16	\$	1,208.86					
Р	Retiree 65+ & Spouse under 65		\$211.74	\$	973.42		\$1,185.16	\$	1,208.86					
Υ	Retiree under 65, Spouse 65+ & Child(ren)		\$236.08	\$	1,174.74		\$1,410.82	\$	1,439.04					
Z	Retiree 65+, Spouse under 65 & Child(ren)		\$236.08	\$	1,174.74		\$1,410.82	\$	1,439.04					

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Rates apply to retirees under the State's Defined Benefit Retirement Plan and to retirees who converted from the Defined Benefit Plan to the Defined Contribution plan.

Blue Care Network East Michigan-Saginaw													
		Retiree State			MONTHLY			Retiree					
191			Share		Share		TOTAL		COBRA				
Rates for Retirees without Medicare. See enclosed postal code list for eligibility.													
G	Retiree Only	\$	268.96	\$	574.73	\$	843.69	\$	860.56				
L	Retiree & Spouse	\$	537.95	\$	1,149.45	\$	1,687.40	\$	1,721.15				
R	Retiree & Child(ren)	\$	339.11	\$	723.95	\$	1,063.06	\$	1,084.32				
W	1												
Rates f	Rates for Retirees or Dependents with Medicare.												
Service	Area: Saginaw County.												
Н	Retiree 65+ Only		\$0.00	\$	317.25		\$317.25	69	323.60				
M	Retiree 65+ & Spouse 65+		\$0.00	\$	634.50		\$634.50	69	647.19				
S	Retiree 65+ & Child(ren)		\$37.03	\$	500.64		\$537.67	\$	548.42				
Χ	Retiree 65+ & Spouse 65+ & Child(ren)		\$0.00	\$	854.92		\$854.92	\$	872.02				
N	Retiree under 65 & Spouse 65+		\$191.58	\$	973.42		\$1,165.00	\$	1,188.30				
Р	Retiree 65+ & Spouse under 65		\$191.58	\$	973.42		\$1,165.00	\$	1,188.30				
Υ	Retiree under 65, Spouse 65+ & Child(ren)		\$210.68	\$	1,174.74		\$1,385.42	\$	1,413.13				
Z	Retiree 65+, Spouse under 65 & Child(ren)		\$210.68	\$	1,174.74		\$1,385.42	\$	1,413.13				

	Blue Care Network Southeast Michigan													
		Retiree State M					MONTHLY		Retiree					
211		Sh	are		Share		TOTAL		COBRA					
Rates f	or Retirees without Medicare. See enclosed	l post	al code	e lis	t for eligibi	lity.								
G	Retiree Only	\$ 2	65.65	\$	574.73	\$	840.38	\$	857.19					
L	Retiree & Spouse	\$ 5	31.30	\$	1,149.45	\$	1,680.75	\$	1,714.37					
R	Retiree & Child(ren)	\$ 3	34.93	\$	723.95	\$	1,058.88	\$	1,080.06					
W	Retiree, Spouse & Child(ren	\$ 6	19.05	\$	1,330.63	\$	1,949.68	\$	1,988.67					
Rates f	or Retirees or Dependents with Medicare.													
Service	e Area: Livingston, Macomb, Monroe, Oakla	nd, St	t. Clair	, Wa	ashtenaw, a	and	Wayne Co	unti	es.					
Н	Retiree 65+ Only		\$0.00	\$	323.43	\$	323.43	\$	329.90					
M	Retiree 65+ & Spouse 65+		\$0.00	\$	646.86	\$	646.86	\$	659.80					
S	Retiree 65+ & Child(ren)	9	\$42.35	\$	500.64	\$	542.99	\$	553.85					
Χ	Retiree 65+ & Spouse 65+ & Child(ren)		\$0.00	\$	866.42	\$	866.42	\$	883.75					
N	Retiree under 65 & Spouse 65+	\$1	194.47	\$	973.42	\$	1,167.89	\$	1,191.25					
Р	Retiree 65+ & Spouse under 65	\$1	194.47	\$	973.42	\$	1,167.89	\$	1,191.25					
Υ	Retiree under 65, Spouse 65+ & Child(ren)	\$2	212.71	\$	1,174.74	\$	1,387.45	\$	1,415.20					
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$2	212.71	\$	1,174.74	\$	1,387.45	\$	1,415.20					

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Rates apply to retirees under the State's Defined Benefit Retirement Plan and to retirees who converted from the Defined Benefit Plan to the Defined Contribution plan.

Blue Care Network West Michigan-Great Lakes													
		F	Retiree	State		MONTHLY			Retiree				
311			Share		Share		TOTAL		COBRA				
Rates for Retirees without Medicare. See enclosed postal code list for eligibility.													
G	Retiree Only	\$	208.03	\$	574.73	55	782.76	69	798.42				
L	Retiree & Spouse	\$	416.08	\$	1,149.45	5	1,565.53	\$	1,596.84				
R	Retiree & Child(ren)	\$	262.34	\$	723.95	55	986.29	69	1,006.02				
W Retiree, Spouse & Child(ren \$ 485.38 \$ 1,330.63 \$ 1,816.01 \$ 1,852.33													
Rates f	Rates for Retirees or Dependents with Medicare.												
Service	Area: Barry, Calhoun, Ionia, Kalamazoo, K	ent	, Montca	lm,	Muskegon,	Ne	waygo,						
and Ott	tawa Counties. NOTE: Allegan available	01	/01/09.										
Н	Retiree 65+ Only		\$0.00	\$	298.26	\$	298.26	\$	304.23				
M	Retiree 65+ & Spouse 65+		\$0.00	\$	596.52	55	596.52	69	608.45				
S	Retiree 65+ & Child(ren)		\$2.12	\$	500.64	\$	502.76	\$	512.82				
Х	Retiree 65+ & Spouse 65+ & Child(ren)		\$0.00	\$	801.02	\$	801.02	\$	817.04				
N	Retiree under 65 & Spouse 65+	\$	111.39	\$	973.42	\$	1,084.81	\$	1,106.51				
Р	Retiree 65+ & Spouse under 65	\$	111.39	\$	973.42	\$	1,084.81	\$	1,106.51				
Υ	Retiree under 65, Spouse 65+ & Child(ren)	\$	114.57	\$	1,174.74	\$	1,289.31	\$	1,315.10				
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$	114.57	\$	1,174.74	\$	1,289.31	\$	1,315.10				

	Health Alliance Plan													
		F	Retiree	State		MONTHLY			Retiree					
201			Share		Share		TOTAL		COBRA					
Rates f	or Retirees without Medicare. See enclosed	l po	stal code	e lis	t for eligibi	lity.								
G	Retiree Only	\$	251.93	\$	574.73	\$	826.66	\$	843.19					
L	Retiree & Spouse	\$	503.87	\$	1,149.45	\$	1,653.32	\$	1,686.39					
R	Retiree & Child(ren)	\$	317.66	\$	723.95	\$	1,041.61	\$	1,062.44					
W														
Rates f	Rates for Retirees or Dependents with Medicare.													
Service	Area: Genesee, Lapeer, Livingston, Macor	nb,	Monroe,	Oal	kland, St. C	lair	, Washtena	w,						
and Wa	yne Counties.													
Н	Retiree 65+ Only		\$8.94	\$	334.83	\$	343.77	\$	350.65					
M	Retiree 65+ & Spouse 65+		\$17.87	\$	669.67	\$	687.54	\$	701.29					
S	Retiree 65+ & Child(ren)		\$58.08	69	500.64	55	558.72	\$	569.89					
Χ	Retiree 65+ & Spouse 65+ & Child(ren)		\$81.07	\$	871.00	\$	952.07	\$	971.11					
N	Retiree under 65 & Spouse 65+		\$197.01	\$	973.42	\$	1,170.43	\$	1,193.84					
Р	Retiree 65+ & Spouse under 65		\$197.01	\$	973.42	\$	1,170.43	\$	1,193.84					
Υ	Retiree under 65, Spouse 65+ & Child(ren)		\$260.22	\$	1,174.74	\$	1,434.96	\$	1,463.66					
Z	Retiree 65+, Spouse under 65 & Child(ren)		\$260.22		1,174.74	\$	1,434.96	\$	1,463.66					

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Rates apply to retirees under the State's Defined Benefit Retirement Plan and to retirees who converted from the Defined Benefit Plan to the Defined Contribution plan.

	HealthPlus													
		Retiree Sta			State	Μ	MONTHLY		Retiree					
622			Share		Share		TOTAL		COBRA					
Rates f	or Retirees without Medicare. See enclosed	l po	stal cod	e lis	st for eligibi	lity.								
G	Retiree Only	\$	265.86	\$	574.73	69	840.59	69	857.40					
L	Retiree & Spouse	\$	531.72	\$	1,149.45	\$	1,681.17	\$	1,714.79					
R	Retiree & Child(ren)	\$	335.19	\$	723.95	\$	1,059.14	\$	1,080.32					
W	W Retiree, Spouse & Child(ren \$ 619.53 \$ 1,330.63 \$ 1,950.16 \$ 1,989.16													
Rates f	Rates for Retirees or Dependents with Medicare.													
Service	Area: Genesee, Lapeer, and Shiawassee C	ou	nties.											
Н	Retiree 65+ Only		\$0.00	\$	304.16	69	304.16	69	310.24					
M	Retiree 65+ & Spouse 65+		\$0.00	\$	608.32	69	608.32	69	620.49					
S	Retiree 65+ & Child(ren)	\$	169.34	\$	500.64	\$	669.98	\$	683.38					
Χ	Retiree 65+ & Spouse 65+ & Child(ren)	\$	103.14	\$	871.00	\$	974.14	\$	993.62					
N	Retiree under 65 & Spouse 65+	\$	171.31	\$	973.42	\$	1,144.73	\$	1,167.62					
Р	Retiree 65+ & Spouse under 65	\$	171.31	\$	973.42	\$	1,144.73	\$	1,167.62					
Υ	Retiree under 65, Spouse 65+ & Child(ren)	\$	180.16	\$	1,174.74	\$	1,354.90	\$	1,382.00					
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$	180.16	\$	1,174.74	\$	1,354.90	\$	1,382.00					

	PHP- Lansing												
		Retiree	State	MONTHLY	Retiree								
878		Share	Share	TOTAL	COBRA								
Rates for Retirees without Medicare. See enclosed postal code list for eligibility. This HMO is not													
availab	le to retirees who are Medicare eligible or to	retirees wi	th Medicare-eli	gible depende	nts.								
G	Retiree Only	\$ 304.55	\$ 574.73	\$ 879.28	\$ 896.87								
L	Retiree & Spouse	\$ 609.11	\$ 1,149.45	\$ 1,758.56	\$ 1,793.73								
R	Retiree & Child(ren)	\$ 383.60	\$ 723.95	\$ 1,107.55	\$ 1,129.70								
W	Retiree, Spouse & Child(ren	\$ 705.17	\$ 1,330.63	\$ 2,035.80	\$ 2,076.52								

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Rates apply to retirees under the State's Defined Benefit Retirement Plan and to retirees who converted from the Defined Benefit Plan to the Defined Contribution plan.

	Priority West													
			Retiree		State	M	IONTHLY		Retiree					
555			Share		Share		TOTAL		COBRA					
Rates for Retirees without Medicare. See enclosed postal code list for eligibility.														
G	Retiree Only	\$	209.07	\$	574.73	55	783.80	69	799.48					
L	Retiree & Spouse	\$	416.55	\$	1,149.45	\$	1,566.00	\$	1,597.32					
R	Retiree & Child(ren)	\$	262.61	\$	723.95	55	986.56	69	1,006.29					
W	1 1 1 1 1 1 1 1 1 1													
Rates for Retirees or Dependents with Medicare.														
Service	e Area: Allegan, Antrim, Benzie, Crawford, C	3ra	nd Trave	rse,	Kalkaska,	Ken	ıt,							
Leenar	nau, Manistee, Montcalm, Muskegon, Ocean	a, C)sceola, a	and	Ottawa Co	unti	es.							
Н	Retiree 65+ Only	\$	209.79	\$	334.83	\$	544.62	\$	555.51					
М	Retiree 65+ & Spouse 65+	\$	419.57	\$	669.67	\$	1,089.24	\$	1,111.02					
S	Retiree 65+ & Child(ren)	\$	447.95	\$	500.64	\$	948.59	\$	967.56					
Х	Retiree 65+ & Spouse 65+ & Child(ren)	\$	622.21	\$	871.00	\$	1,493.21	\$	1,523.07					
N	Retiree under 65 & Spouse 65+		\$222.40	\$	973.42	\$	1,195.82	\$	1,219.74					
Р	Retiree 65+ & Spouse under 65		\$222.40	\$	973.42	\$	1,195.82	\$	1,219.74					
Υ	Retiree under 65, Spouse 65+ & Child(ren)		\$425.05	\$	1,174.74	\$	1,599.79	\$	1,631.79					
Z	Retiree 65+, Spouse under 65 & Child(ren)		\$425.05	\$	1,174.74	\$	1,599.79	\$	1,631.79					

Priority East											
		Retiree	State	MONTHLY	Retiree						
		Share	Share	TOTAL	COBRA						
Rates for Retirees without Medicare. See enclosed postal code list for eligibility. This HMO is not											
available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.											
G	Retiree Only	\$ 208.93	\$ 574.73	\$ 783.66	\$ 799.33						
L	Retiree & Spouse	\$ 417.79	\$ 1,149.45	\$ 1,567.24	\$ 1,598.58						
R	Retiree & Child(ren)	\$ 263.46	\$ 723.95	\$ 987.41	\$ 1,007.16						
W	Retiree, Spouse & Child(ren	\$ 487.47	\$ 1,330.63	\$ 1,818.10	\$ 1,854.46						

Priority South											
		Retiree	State	N	MONTHLY	Retiree					
		Share	Share		TOTAL	COBRA					
Rates for Retirees without Medicare. See enclosed postal code list for eligibility. This HMO is not											
available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.											
G	Retiree Only	\$ 208.93	\$ 574.7	3 \$	783.66	\$	799.33				
L	Retiree & Spouse	\$ 417.79	\$ 1,149.4	5 \$	1,567.24	\$	1,598.58				
R	Retiree & Child(ren)	\$ 263.46	\$ 723.9	5 \$	987.41	\$	1,007.16				
W	Retiree, Spouse & Child(ren	\$ 487.47	\$ 1,330.6	3 \$	1,818.10	\$	1,854.46				

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